

Customer Claim Form



Section 1

CLAIMANT DETAILS

Company Name

Title Mr. Mrs. Miss

Contact Name

Daytime Telephone Number Fax Number

Mobile Telephone Number

email Address

Contact Address

Brief Description of the Contents and Your Claim

(Please continue on a separate sheet if necessary)
Please Quote any Part, Model or Catalogue Numbers Wherever Applicable.

Waybill Number

DHL Account Number (If Applicable)

Total Number of Packages Total Weight of shipment Kgs

Pick up Date

Total Value of the Entire Shipment
BGN

Total Amount Claimed
BGN

Are You The Shipper? Or The Recipient?

Please Note: In most situations, only the payer can receive compensation

Section 2

Please Describe Your Type Of Claim

Total Loss	<input type="text"/>	Partial Damage	<input type="text"/>	Delay Only	<input type="text"/>
Partial Loss	<input type="text"/>	Total Damage	<input type="text"/>	Please mark all that apply.	

Please Return this Form and all accompanying Documentation to :

Section 3

Declaration

Signature of Claimant

All The Information Supplied Within This Documents Is True and Accurate To The Best Of My Knowledge.

Included Required Documentation

Photos Of Damage Date

Proof Of Value

Including Packaging. Please Attach, Fax or Email e.g. Original Receipts or Suppliers Invoices

Please keep a copy of all documentation for your records

DHL Express Bulgaria Ltd
Customer Claims department
5, Mariya Atanasova Str.
Sofia 1540
Email: sofustcare@dhl.com
Telephone: 0700 17 700
Fax: 02/973 15 51

* Please Ensure That the Waybill Number is Quoted on All Supporting Documentation